FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ONLY
Prefix ,	Serial
j	
DATE	RECEIVED
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TownPark Hotel LLC	le 504 Rule 505 Rule 506 Section 4(6)	SEC Mail Processing Section
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue	er	JUN 0 2 2008
Name of Issuer ( check if this is an amendment TownPark Hotel LLC	and name has changed, and indicate change.)	Washington, DC
Address of Executive Offices 192 Virginia Ave S., Tifton, GA 31794	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code) 229-387-6067
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business THOM	SON REUTERS	
·	d	please specify): 08047608  billity Company
	Month Year  zation: 0 9 06 Actual Esti  r two-letter U.S. Postal Service abbreviation for State  I for Canada; FN for other foreign jurisdiction)	mated  :  DE

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or</li> </ul>	r more of a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing parts</li> </ul>	rtners of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	rector General and/or Managing Partner
Full Name (Last name first, if individual)  Dr. Gerald L. Sapp, Sapp Family TownPark, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code) 192 Virgina Ave S., Tifton, GA 31794	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

					B. 13	NFORMATI	ION ABOU	T OFFERI	NG				
												Yes	No
1. Has	the is	ssuer sold	, or does th							-	•••••	X	
2 376	at in t	ha minim	in			Appendix		-				<sub>\$</sub> 50,	00.00
2. Wh	2. What is the minimum investment that will be accepted from any individual?										***************************************	Yes	No
3. Doe												R	
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering												
lf a	nmissi perso	on or simi n to be list	ed is an ass	ociated pe	onenation	of purchase int of a brok	ers in conne er or deale	r registered	sales of sec I with the S	EC and/or	with a state		
			me of the bi							ciated pers	ons of such		
			irst, if indi								<del>-</del>		
			ment Com	-									
			Address (N			ty, State, Z	Cip Code)			-			
			Suite 231, I		33928	<del></del>							
Name of	i Assu	cialed Br	oker or Dea	iler									
States in	n Whie	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Ch	ieck".	All States	" or check	individual	States)				•••••			☑ Al	1 States
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(IL		IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	_	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI		SC	SD	TN	TX	UT	VT)	VA	WA	WV	W1)	WY	PR
Full Nar	me (L	ast name i	first, if indi	vidual)				<u>-</u>				,	
Business	s or F	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
77 (	C 4	1 . I.D.	1 5	. 1									
Name of	I ASSO	cialed Br	oker or Dea	aier									
States in	ı Whie	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<u> </u>				
(Ch	ieck ".	All States	" or check	individual	States)					•••••		□ Al	l States
AL	_	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	_	IN	lA.	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
MT	_	NE	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK	OR	PA
RI		SC	SD	TN	TX	UT	VT	VA]	WA	WV	WI	WY	PR
Full Nar	me (L	ast name i	first, if indi	vidual)									
Business	s or F	Residence	Address (N	Sumber an	d Street, C	ity, State,	Zip Code)					· · · · · · · · · · · · · · · · · · ·	
Name of	f Asso	ciated Br	oker or Dea	aler				•					
	1 71330	ciated Di	ORCI OI DCI										
			Listed Has									_	
(Ch	ieck ".	All States	" or check	indiviđual	States)							☐ A)	I States
AL		AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
IL	=	IN	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	_	NE SC	NV SD	NH TN	NJ TX	<u>ЙМ</u> UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	A	Amount Almondu
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	S	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	<b>s</b>
	Partnership Interests		\$
	Other (Specify LLC Membership Units		
	Total	3,650,000.00	\$ 1,171,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	15	\$_1,025,000.00
	Non-accredited Investors	6	\$_250,000.00
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		s
	Rule 504	<del> </del>	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 15,000.00
	Legal Fees	<b>Z</b>	\$ 57,000.00
	Accounting Fees		\$ 3,000.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)	_	§ 474,500.00
	Other Expenses (identify)	_	\$_0.00
	Total		s 549,500.00

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	<u></u>
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	— Question 4.a. This difference is the "ad	ljusted gross	\$
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount fo check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to	r any purpose is not known, furnish an e al of the payments listed must equal the ad	stimate and	
	·		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	_ 🗆 \$
	Purchase of real estate			_ 🗆 \$
	Purchase, rental or leasing and installation of and equipment	machinery	\$	_ [ \$
	Construction or leasing of plant buildings and	facilities	\$	\$
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	□ \$	□\$
	Repayment of indebtedness		<del></del>	<del>_</del>
	Working capital		<b>—</b> ————	_
	Other (specify): Hotel Compensation			
				_ 🗆 \$
	Column Totals		<u>\$ 0.00</u>	_ <b>[</b> ] \$ 3,100,500.00
	Total Payments Listed (column totals added) .		<u>V</u> \$_3	3,100,500.00
		D. FEDERAL SIGNATURE		
sigi	issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	furnish to the U.S. Securities and Exchai	nge Commission, upon writt	ule 505, the following en request of its staff,
İssı	ter (Print or Type)	Signature	Date	
	wnPark Hotel LLC	I //w/h lb	May 28th 2008	
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type		-
<b>~</b>	ald L. Sapp	President/CEO		

# - ATTENTION -

E. STATE SIGNATURE		

. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
TownPark Hotel LLC	May 28th 2008
Name (Print or Type)	Title (Print of Type)
Gerald L. Sapp	President/CEO

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 2 3 4 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell Type of investor and explanation of to non-accredited offering price offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited No Investors Amount **Investors Amount** Yes No State Yes ΑL AK ΑZ \$225,000.0d 2 \$75,000.00 AR 4 X CA CO CTDE DC \$100,000.00 7 \$400,000.00 X 2 × FL GA НІ ID IL 1 \$75,000.00 X X ΙN IΑ KS KY \$200,000.00 X X 1 1 × LA \$75,000.00 X ME MD MA ΜI MN MS

## **APPENDIX** 2 4 1 3 Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Amount Yes No State Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX \$25,000.00 1 × × UT VT VA \$50,000.00 × 1 X WAWV WI

	APPENDIX										
1	i	2	3 4			4					
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

END